



Continental Life Insurance Company
of Brentwood, Tennessee

An Aetna Company

Medicare Supplement Rates

Minnesota

Effective August 2018

Policy Form: Basic Plan - CLIMSP10BP, Basic Plan Riders - PADR10, PBECR10, PHSR10, PBDR10, Extended Basic Plan - CLIMSP10EB, High Deductible Plan - CLIMSP10HD, CoPayment Plan - CLIMSP10CP

Application Form: CLIMS01069MN

- All Plans: A one time only \$20 policy fee required at time of application
- Rates are Issue Age, preferred and standard
- Use age last birthday on effective date of coverage
- Tobacco users use standard rates
- Non-tobacco users use preferred rates
- Open Enrollment and Guaranteed Issue use preferred rates
- 12-month rate guarantee

Refer to the Producer Guide and Drug list for important underwriting information.

Need Help?

Contact the Agent Services team at **800-264-4000**, or go to **aetnaseniorproducts.com** (agent side).

Effective Date

The effective date must be on or after the date of the application. If an existing Medicare Supplement policy is being replaced, the date must coordinate with the expiration date of the existing policy.

An application must be received in the Home Office within 30 calendar days from the date of signature.

Applications submitted by E-application result in faster service. E-applications must have first premium deducted by monthly EFT. Changes to payment mode can be made after the first premium has been drafted by contacting Policyholder Services.

Applications with a live check must be mailed and not faxed.



To use the Mobile Rate Quote tool, scan the QR code below with your smartphone (iPhone or Android).

Modal Premium Options

Semi-Annual	Annual x .52
Quarterly.....	Annual x .265
Monthly Electronic Funds Transfer (EFT)	Annual x .0833

Calculating rates

Follow these steps for each applicant.

Calculate modal premium

Begin here if using the Outline of Coverage rates:

Base rate (found in the Outline of Coverage)
x Area factor (based on applicant's zip code)
= Annual premium (round to nearest whole cent)

Example: \$1511 x 1.25 = \$1888.750 (\$1889)

Begin here if using the agent rate sheet:

Annual premium (found on agent rate card)
x Modal factor
= Modal premium (round to nearest whole cent)

Example: \$1889 x .0833 = \$157.3537 (\$157.35)

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Reminder:

- All plans: a one time only \$20 policy fee required at time of application
- Tobacco users use standard rates
- Non-tobacco users use preferred rates
- Open Enrollment and Guaranteed Issue use preferred rates

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BASIC PLAN

ISSUE AGE	BASIC PLAN	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		1,970	164.10	2,226	185.43

HIGH DEDUCTIBLE PLAN

ISSUE AGE	PLAN HD	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		973	81.05	1,100	91.63

COPAYMENT PLAN

ISSUE AGE	PLAN CP	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		1,983	165.18	2,239	186.51

EXTENDED BASIC PLAN

ISSUE AGE	PLAN EB	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		2,229	185.68	2,519	209.83

OPTIONAL RIDER FOR BASIC PLAN

ISSUE AGE	PART A DEDUCTIBLE RIDER	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		469	39.07	530	44.15

OPTIONAL RIDER FOR BASIC PLAN

ISSUE AGE	PART B DEDUCTIBLE RIDER	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		183	15.24	183	15.24

COMBO 1*

ISSUE AGE	C1	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		2,791	232.49	3,127	260.48

* Base Plan + Part A + Part B + Preventive + Excess

COMBO 2**

ISSUE AGE	C2	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		2,608	217.25	2,944	245.24

** Base Plan + Part A + Preventive + Excess

COMBO 3***

ISSUE AGE	C3	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		2,511	209.17	2,836	236.24

*** Base Plan + Part A + Preventive

OPTIONAL RIDER FOR BASIC PLAN

ISSUE AGE	PREVENTIVE CARE RIDER	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		72	6	80	6.66

OPTIONAL RIDER FOR BASIC PLAN

ISSUE AGE	PART B EXCESS RIDER	ALL ZIP CODES			
		PREFERRED		STANDARD	
		ANNUAL	EFT	ANNUAL	EFT
All		97	8.08	108	9

To determine the initial annual or monthly premium for the basic plan plus riders, start with the "Basic Plan" rate and add the rate for the other optional riders selected. Then add the policy fee. Refer to the outline of coverage for quarterly or semi-annual premium calculations.